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ABSTRACT

This paper describes the Early Identification Programme, which was designed to increase the efficieny of identifying problem drinkers in the work place. The program revolves around a booklet called "Yes I Drink--Should I Be Concerned?" Each individual uses it to evaluate his own alcohol involvement. After that, groups of employees meet with their supervisor and union representatives to review the booklet and discuss company policy in regard to alcohol problems. More information is available from the author of this paper upon request. (Author/PFS)

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EARLY IDENTIFICATION:

THE KEY TO SUCCESSFUL OCCUPATIONAL ALCOHOL PROGRAMS

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EARLY IDENTIFICATION

THE KEY TO SUCCESSFUL OCCUPATIONAL ALCOHOL PROGRAMS

The development of occupational programmes to deal with alcohol problems in the work place has been one of the most impressive advancements in the past decade. Our treatment clinic, Pinewood Centre in Oshawa, Ontario, is a good example of this phenomenon. Ten years ago we had no formal contact with industry. Now we are involved with in excess of 50 employers. To those of us who are concerned about alcohol abuse the potential benefits of a close relationship with industry should be readily apparent when we realize that the vast majority of problem drinkers are either employed or employable. Industry, therefore, provides us with a direct link to most of those with alcohol problems. This is important for it enables alcohologists to focus their energies on one specific group. It is time we realized that industry might well be our best ally in the fight against alcohol abuse.

The relationship between industry and the alcohologist is one of mutual benefit. The industry with an occupational programme for problem drinkers is in a "guaranteed return" position. In other words, they cannot lose. If the occupational programming is successful and the individual improves his job performance industry has regained an experienced employee. On the other hand, if the employee

does not respond positively industry can proceed to whatever disciplinary action is necessary with a clear conscience for they have given the individual the opportunity to improve his job performance.

I view the future of our relationship with industry with considerable optimism. Opportunities for development appear limitless. If managed correctly benefits should accrue to both industry and the alcohol field in general. The challenge facing us now is to decide how to make the most of these opportunities.

One method of ensuring that we continue to progress is to be sensitive to the needs of industry. Assessment of these needs should help us to determine where best we might focus our energies. Study of the needs of industrial programming have led me to one general conclusion. I feel strongly that the model that we employ with industry should be a multi-dimensional one. We must be prepared to go beyond the traditional uni-dimensional treatment model that so often serves to limit us to the therapist-patient relationship. We must do more than treat the alcoholic referred to us by industry. Industry, more than any other referring agent is making diversified demands upon us. They are interested in all aspects of the problem from policy and programming through to prevention and research. If we are to continue to develop effective occupational programmes we must be sensitive to these demands which fall outside of the traditional requests to treat.

Alcohologists have ignored similar recommendations in the past. The World Health Organization has long recognized the multi-dimensional nature of the alcohol problem. They understand that treatment was but the tip of the iceberg. The conceptualization of the alcohol problem consisting only of therapist treating client serves only to confine us.

Within the general concept of multi-dimensional programming there are a number of specific areas where we might profitably concern ourselves. I shall limit myself to one of them - the need to develop Early Intervention Programmes. The typical industrial alcohol programme is the result of an agreement between management and labour to do something for the employed drinker. The process usually begins with identification of a problem at the supervisory level. The supervisor's main concern is the individual's job performance. The supervisor usually confronts the employee about his job performance and then refers him to the Personnel or Medical Officer where his problem will be discussed in more detail. Where warranted, the employee may be instructed to seek treatment for his drinking as a condition of further employment.

At present the identification of alcohol problems within industry is dependent upon the job performance criterion and the effectiveness of the supervisor. The future progress of occupational alcohol programmes is very much dependent upon identifying potential problems earlier. The earlier the problem employee is identified the more successful occupational

programmes are likely to be. However, even the most efficient supervisor identifies problems only after they are in a fairly progressive stage. It is no secret that the problem drinker is an expert at covering up. In addition, the programme only works as well as the supervisor. Identification of problem drinkers in industry is dependent upon where the supervisor places the occupational programme on his priority list of duties. In spite of supervisor training programmes which have significantly increased the efficiency of supervisors this method of identification remains limited.

Industry is not accustomed to standing still. I do not believe that they will be satisfied with merely identifying problems after they have become problems. One need only look towards progress of their Safety Programmes to get that clue. In the Safety area, once industry realized that accidents were costing money, they reacted. First, the Safety Stations to treat the casualties as soon as possible. Soon thereafter, intensive and impressive programmes aimed at education and prevention. Treatment for casualties did not satisfy industry then and I suspect that treatment for the alcoholic will not satisfy them now. Why should it? They know that the next logical step is to devise methods of identifying the problem earlier thereby reducing its' negative effects.

In an attempt to meet this challenge of earlier identification a programme has been designed that industry might use. It evolved out of a recently observed tendency for the employee in industry to refer

himself. That is, the employee would approach either our clinic or his employer questionning the possibility of his having a problem. It appears that the individual employee might be assuming more responsibility. If more individuals could be encouraged to identify their own problem earlier occupational programmes would be more effective. Early intervention would no longer be completely dependent upon supervisory personnel. The following programme is a means of helping individuals to become more responsible and better able to identify their own problems with alcohol.

To date, our method of dealing with alcohol problems has not been consistent with the way we deal with problems in other areas. For example, most of us tend to do something about our weight when we put on 5 or 10 pounds. We do not wait until we are obese. Unfortunately, the person who abuses alcohol often does. Perhaps one of the reasons he does is that he lacks the tools to measure involvement. In other words, we do not have convenient weigh scales to tell us when we are drinking too much.

The programme for Early Intervention revolves around a booklet entitled "Yes I Drink - Should I Be Concerned"? The booklet provides questions and tests that the individual might use to measure their own alcohol involvement. It is an instrument that one might use to evaluate their position in relation to drinking. The booklet has been distributed nationwide by the Non-medical Use of Drugs Directorate of our Federal Government. Feedback indicates that the booklet itself is successful in

challenging individuals to examine their alcohol use.

The programme is divided into three stages:

Stage 1

The first stage consists of a poster campaign. Posters, that relate to the booklet, are distributed throughout the workplace. The posters challenge the employee to ask himself questions about his/her own drinking.

Stage 2

The second stage consists of all employees being distributed a copy of the booklet "Yes I Drink - Should I Be Concerned"? Stage two provides the employee with a tool to assess his/her own involvement with alcohol.

Stage 3

The third stage consists of the supervisor and union representatives meeting with groups of employees to review the booklet. The most important points of the booklet should be discussed. Employees should also be made aware of company policy in regards to alcohol problems. Stage three provides employees with yet another opportunity to examine their drinking. It also permits the employer to personalize the Early Intervention Programme through introduction of information relevant to their own company policy.

More detailed information regarding the Early Identification Programme, including consultation regarding its' implementation, is available from the author.